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RON THORNBURGH SECRETARY OF STATE

## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse S	Side For Instructions)
This is a (check one) Party Con	mmittee Political Action Committee
This is an (check one) Initial St	atement Amended Statement
COMMITTEE (PLEASE T	TYPE OR PRINT)
Shawnee County Progress	sive Black Democrats
Mailing Address (Street, City, State, Zip Code) 424 N. Chandles Tope	Business Telephone
CHAIRPERSON	
Name David PERKINS JR.	Home Telephone (785) 234-4525
Mailing Address (Street, City, State, Zip Code)	Business Telephone
TREASURER	
Name Henry Austin	Home Telephone (785) 267 0739
Mailing Address (Street, City, State, Zip Code)	Business Telephone
AFFILIATED OR CONNECTED ORGANIZATION	ONS
Name	
Mailing Address (Street, City, State, Zip Code)	
fnot connected or affiliated with an organization iden	tify the trade, profession, or primary interest of the contributor
We Raise money For democr	
SIGNATURE: 'I declare that this statement has been examined by belief is true, correct and complete. I understand the printentionally filing a false document is a class A	nat the intentional failure to file this document
(Date)	(Signature of Chairperson)
overnmental Ethics Commission	Rev.20